Headquarters U.S. Air Force

Integrity - Service - Excellence

The Business of Coding: E&M, CPT, HCPCS

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Objectives

- Examine using codes in creating appointment templates
- Examine using codes to target “leakage”
- Examine suspect coding patterns
- Identify how coding relates to billing
- Identify the different Relative Value Units
- Identify how to use RVUs to compare workload
- Examine ways to use CHAMPUS Maximum Allowable Charge (CMAC)

Creating Appointment Templates

- Look at Evaluation and Management (E&M) codes
  - Count up 99381-99397, this is approximate number of “wellness” physicals you need in a month
  - Count up 99240-99263, this is approximate number of “spec” consults you need in a month
- Need to start collecting inpatient professional services to get approximate amount of time you need to set aside for “rounds”
  - Can also approximate now based on inpatient days, but coding more exact as the codes reflect the level, and therefore the amount of time

EM Code	E&M (1269 visits)	RVU valu		Site BDAA#
99202	Office/outpatient visit, new	1.25		5
99203	Office/outpatient visit, new	1.91		10
99204	Office/outpatient visit, new	2.82		4
99211	Office/outpatient visit, est	0.24		9
99212	Office/outpatient visit, est	0.63		116
99213	Office/outpatient visit, est	0.94		438
99214	Office/outpatient visit, est	1.54		260
99215	Office/outpatient visit, est	2.48		16
99243	Office consultation	2.46	?	3
99244	Office consultation	3.65	?	2
99381	**Prev visit, new, infant**	**1.69**		**9**
99382	**Prev visit, new, age 1-4**	**1.93**		**5**
99383	**Prev visit, new, age 5-11**	**1.93**		**12**
99384	**Prev visit, new, age 12-17**	**2.18**		**1**
99391	**Prev visit, est, infant**	**1.45**		**166**
99392	**Prev visit, est, age 1-4**	**1.69**		**124**
99393	**Prev visit, est, age 5-11**	**1.69**		**70**
99394	**Prev visit, est, age 12-17**	**1.93**		**11**
99395	**Prev visit, est, age 18-39**	**1.93**	**400**	**1**
99402	Preventive counseling, indiv	1.38		5
99403	Preventive counseling, indiv	2.06		2

EM code	EM (191 visits)	RVU value	BAA#	BAA%	Peer 4#	Peer 4%	Delta	AFMS#	AFMS%	Delta
99204	Office/outpatient visit new	2.82	1	0.5	66	1	-0.4	250	1.1	-0.5
99212	Office/outpatient visit est	0.63	20	10.4	878	14.5	-4	2979	13.7	-3.2
99213	Office/outpatient visit est	0.94	20	10.4	2390	39.6	-29.1	9411	43.5	-33
99214	Office/outpatient visit est	1.54	107	56	1458	24.1	31.9	5319	24.5	31.5
99215	Office/outpatient visit est	2.48	2	1	66	1	0	328	1.5	-0.4
99241	**Office consultation**	**0.9**	**3**	**1.5**	**28**	**0.4**	**1.1**	**85**	**0.3**	**1.2**
99242	**Office consultation**	**1.85**	**2**	**1**	**79**	**1.3**	**-0.2**	**191**	**0.8**	**0.2**
99243	**Office consultation**	**2.46**	**7**	**3.6**	**35**	**0.5**	**3.1**	**88**	**0.4**	**3.2**
99244	**Office consultation**	**3.65**	**27**	**14.1**	**64**	**1**	**13.1**	**112**	**0.5**	**13.6**
99245	**Office consultation**	**4.83**	**1**	**0.5**	**6**	**0**	**0.5**	**21**	**0**	**0.5**
99253	**Initial inpatient consult**	**2.61**	**1**	**0.5**	**1**	**0**	**0.5**	**1**	**0**	**0.5**
		191	41				18785	498		
99243/99244 what is going on? In AFMS it is 2:3, but at this MTF it is 1:4										
99240-99263 is 41 consults out of 191 visits, that is 1:5, but 1:37 for AFMS										

EM Code	Des(536 visits)	AFMS#	AFMS@
99201	Office/outpatient visit, new	192	0.8
99202	Office/outpatient visit, new	340	1.4
99203	Office/outpatient visit, new	330	1.3
99204	Office/outpatient visit, new	96	0.4
99211	Office/outpatient visit, est	911	3.8
99212	Office/outpatient visit, est	3854	16.3
99213	Office/outpatient visit, est	5399	22.8
99214	Office/outpatient visit, est	1592	6.7
99235	Observ/hosp same date	1	0
99241	Office consultation	108	0.4
99242	Office consultation	174	0.7
99243	Office consultation	206	0.8
99244	Office consultation	36	0.1
99385	Prev visit, new, age 18-39	1402	5.9
99386	Prev visit, new, age 40-64	706	2.9
99387	Prev visit, new, 65 & over	62	0.2
99395	Prev visit, est, age 18-39	3373	14.2
99396	Prev visit, est, age 40-64	2699	11.4
99397	Prev visit, est, 65 & over	405	1.7
99499	Unlisted e&m service	1175	4.9
Expect about 36% are annual GYN exams AFMS wide			
Expect about 2% are consults AFMS wide			36.3
Notice the nice bell shaped curve for 9921x			

EM Code	Descr(178 visits)	BCB#	BCB%	AFMS#	AFMS#	Delta
99212	Office/outpatient visit, est	79	44.3	3854	16.3	28
99213	Office/outpatient visit, est	10	5.6	5399	22.8	-17.1
99214	Office/outpatient visit, est	63	35.3	1592	6.7	28.6
99385	Prev visit, new, age 18-39	2	1.1	1402	5.9	-4.7
99386	Prev visit, new, age 40-64	2	1.1	706	2.9	-1.7
99499	Unlisted e&m service	22	12.3	1175	4.9	7.4
AFMS annual GYN 36%; AFMS consults 2%; 99214=7%						
Here annual GYN 2%; consults 0%;99214=35%						
Looks like annual GYN being incorrectly coded as 99214;						
Can you use these codes to approximate the number of "Wellness" appointments and "Spec"						

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Targeting "Leakage"

- Get list of procedures done at your MTF for past month
- Get list of procedures billed in your catchment area in past month
- Look for patterns
  - See a lot of 970xx and 971xx – maybe you could tell network providers that they refer Physical and Occupational Therapy back to your clinic
  - See lots of colonoscopes? Perhaps a part time GI doc?
  - See lots of 920xx and 921xx? Have an extra eye lane? Consider another optometrist?

45378	Dx colonoscopy	$3,225.00	12.24%
92004	Eye exam, new patient	$2,647.80	10.05%
99070	Special supplies	$1,823.93	6.92%
45384	Lesion remove colonoscopy	$1,661.21	6.31%
76856	Us exam, pelvic, complete	$1,616.92	6.14%
43239	Upper GI endoscopy, biopsy	$1,268.69	4.82%
92014	Eye exam & treatment	$1,191.80	4.52%
45385	Lesion removal colonoscopy	$1,185.00	4.50%
76700	Us exam, abdom, complete	$1,078.52	4.09%
43235	Uppr gi endoscopy, diagnosis	$1,020.00	3.87%
69436	Create eardrum opening	$1,000.00	3.80%
76830	Us exam, transvaginal	$900.35	3.42%
36533	Insertion of access device	$789.27	3.00%
97110	Therapeutic exercises	$605.46	2.30%
45380	Colonoscopy and biopsy	$538.99	2.05%
97530	Therapeutic activities	$536.92	2.04%
97112	Neuromuscular reeducation	$366.17	1.39%
93307	Echo exam of heart	$362.08	1.37%
95819	Electroencephalogram (EEG)	$291.17	1.11%
95900	Motor nerve conduction test	$267.45	1.02%
11750	Removal of nail bed	$264.41	1.00%
11406	Removal of skin lesion	$249.00	0.95%

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Suspect Coding Patterns

- Look at procedures in your clinics
  - Compare to an average (once again you could go to https://bdqas.afms.mil/index2.htm)
  - Then click on “data metrics” tab at top of page, then clinic on the “Clinical Coding Report” of you choice along the left side of the page
    - Primary ICD; E&M; Primary CPT
  - Select a peer 5, select the 3 digit MERPS, select the quantity (not 4th digit MEPRS)
- Bell shaped curve for E&Ms with levels

CPT Code	Descr (1269 visits)	RVU	DAA#	BDAA%	AFMS#	AFMS%	Delta	
94760	Measure blood O2 level	0.11	566	44.6	7260	11.5	33.1	very st
			246	19.3	47008	74.5	-55.1	strange
99071	Patient ed materials	0	162	12.7	1134	1.7	11	strange
96111	Develop test, extend	1.9	126	9.9	151	0.2	9.7	very st
90471	Immunization admin	0.21	47	3.7	1025	1.6	2.1	okay
90700	Dtap vaccine, im	0	19	1.4	214	0.3	1.1	okay
94761	Measure blood O2 level	0.22	19	1.4	173	0.2	1.2	strange
87081	Culture screen only	0	16	1.2	69	0.1	1.1	NO
99080	Special reports/ forms	0	13	1	19	0	1	strange
69210	Remove impacted ear wax	0.89	11	0.8	337	0.5	0.3	okay

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Coding and Billing

- Outpatient Itemized Billing
  - Different insurers “clump” various procedures together
    - For example: CMS includes pulse ox, drawing blood and starting IVs in the E&M; many others will pay the pulse ox if there is medical necessity such as uncontrolled/poorly controlled asthma or chronic obstructive pulmonary disease
- The closer to the visit the documentation and coding are done, the more procedures are coded
- The more procedures coded the larger the bill

Coding and Billing

- If you have an auditor – suggest one of the first things to audit are bills
- Be careful not to bill for services not done
  - Office visits in PT, OT
  - Office visits VERY uncommon in Mental Health
- Bill for what you can
  - Treatment of fracture in ER, Ortho
- Give billers list of privileged providers
  - Find the nurses (not advanced practice) that are coding E&Ms other than 99211, get them to stop

EM	Desc	RVU	BLA #	BLA%	AFMS#	AFMS%	Delta
99202	Office/outpt visit, new	1.25	24	0.8	29	0	0.8
99203	Office/outpt visit, new	1.91	11	0.3	299	0.6	-0.2
99204	Office/outpt visit, new	2.82	1	0	295	0.5	-0.4
99212	Office/outpt visit, est	0.63	14	0.4	401	0.8	-0.3
99213	Office/outpt visit, est	0.94	5	0.1	662	1.3	-1.1
99214	Office/outpt visit, est	1.54	1	0	227	0.4	-0.3
99499	Unlisted e&m service	0	2867	98	29517	59.9	38.1

CPT	Descr		RVU		BIA#	BIA%		AFMS #	AFMS%	Delta
					1260	49.1		17497	50.1	-0.9
15850	Removal of sutures		1.12		16	0.6		16	0	0.6
15852	Dressing change,not for burn		1.29		17	0.6		21	0	0.6
29105	Apply long arm splint		1.49		2	0		21	0	0
29125	Apply forearm splint		1.05		35	1.3		156	0.4	0.9
29130	Application of finger splint		0.72		30	1.1		123	0.3	0.8
29358	Apply long leg cast brace		2.66		1	0		1	0	0
29405	Apply short leg cast		1.65		1	0		3	0	0
29505	Application, long leg splint		1.22		5	0.1		15	0	0.1
29515	Application lower leg splint		1.27		21	0.8		104	0.2	0.6
36000	Place needle in vein		0.24		90	3.5		639	1.8	1.7
36415	Routine venipuncture		0		213	8.3		1051	3	5.3
76825	Echo exam of fetal heart		4.4		6	0.2		11	0	0.2
82947	Assay, glucose, blood quant		0	not strip	1	0		8	0	0
82962	Glucose blood test		0		13	0.5		43	0.1	0.4

RVUs – fully implemented non-facility total

Work RVU	60-64	RVU for the physician work in the service
Fully Implemented Non-Facility Practice Expense RVU	72-76	RVU for the fully-implemented resource based practice expense for the non-facility setting (not associated with a facility - a free standing clinic)
Fully Implemented Facility Practice Expense RVU	92-96	RVU for the fully implemented resource based practice expense for the facility setting
Malpractice RVU	104-108	RVU for the malpractice expense for the service
Total Fully Implemented Non-Facility RVUs	110-115	Sum of work, fully implemented non-facility practice expense, and malpractice expense RVUs.
Total Fully Implemented Facility RVUs	124-129	Sum of work, fully implemented based facility practice expense, and malpractice RVUs.

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RVUs and Workload

- Be sure to include all RVUs for a provider
  - Multiple MEPRS
    - OB/GYN
    - Peds/Adolescent/Well
    - Internal Medicine/EKG
    - Audiology/Hearing Conservation
    - Same-day-surgery (APV) and Observation
    - Help out in ER
    - Pull call in another clinic (e.g., peds/IM/FPC)

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RVUs and Workload

- May have to collect from multiple bases (circuit riders)
- Not currently collecting rounds
- Not currently collecting inpatient surgeries
- Not currently collecting services “down town”

- Not all activities “codable”
- Some “codable” activities without RVU
  - T-cons, return to duty, education

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RVUs and Workload

- Difficult to compare RVUs to civilian sector as many providers in civilian sector work 55-60 hours/week

- Use RVUs to compare workload
  - If you are looking to see if you need a provider full or part time
- Use CMAC to compare costs
  - If you are seeing if it is cost effective to build an extra eye lane, buy the equipment, and hire a tech and optometrist – calculate how long of a pay back

CMAC – Private Sector Care

- Care provided in the local community
- Man may not live by CMAC alone – well, maybe if he eats lots of Mac & Cheese and sends his children to public university (or in some overseas locations)
- Civilian providers will only take CMAC patients when the civilian provider has excess capacity
  - In some overseas locations they think CMAC is great
- Look at CMAC as well as in-house care to determine total demand at your facility

CHAMPUS Maximum Allowable Charge (CMAC) – What is it?

- Price paid for care provided outside the MTF for providers who are in the network
- 1 RVU = approximately $37.00
- Reimbursement for care downtown based on CMAC adjusted by what is negotiated by Managed Care Contractor (e.g., Sheppard's is 70% of CMAC)
- CMAC is based on location, for overseas MTFs – use Portland, Oregon (average)

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CMAC – How to use

- By provider analysis
  - Calculate cost (use $100K for officer, $45K civ/enlisted)
  - Calculate, using CMAC, services provided
    - # of procedures x CMAC = procedure revenue
    - # of E&M x CMAC = visit revenue
    - Sum all procedure revenues and all visit revenues
- Subtract Cost from Services Provided

- Expect primary care not to quite break even – they are doing more in the clinic than reimbursable care. They are managing care for all of their empanelled patients.

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Objectives

- Examine using codes in creating appointment templates
- Examine using codes to target “leakage”
- Examine suspect coding patterns
- Identify how coding relates to billing
- Identify the different Relative Value Units
- Identify how to use RVUs to compare workload
- Examine ways to use CHAMPUS Maximum Allowable Charge (CMAC)

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Future Talks

- July – Using Clinical Data (ICD-9-CM)
- August – Aggregate Audits
- September – Super Bills
- October – Inpatient Professional Services

- Talks subject to change

Questions?

- E-mail your service POC:
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